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| Application Number     | 09/990,909  |
| Filing Date            | November 16, 2001   |
| First Named Inventor   | Joan M. Fallon  |
| Title                  | METHODS FOR DIAGNOSING PERVERSIVE DEVELOPMENT DISORDERS, DYSAUTONOMIA AND OTHER NEUROLOGICAL CONDITIONS |
| Art Unit               | 1645  |
| Examiner Name          | Porthner, Virginia Allen  |
| Attorney Docket Number | 41012-700   |

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

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Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(d) (Form PTO/SB/96) submitted herewith  
or filed on

SIGNATURE of Applicant or Assignee of Record

|           |           |
|-----------|-----------|
| Signature | Date      |
| Name      | Telephone |

Name: Joan M. Fallon

Title and Company: Chief Executive Officer, CUREMARK LLC

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of \_\_\_\_\_ forms are submitted.

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